

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		
O.I.P.E. CLASSIFIER		12	10/20
FORMALITY REVIEW	DM	2223	10/29/87

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	12/1/82
2	✓	✓	12/1/82
3	✓	✓	12/1/82
4	✓	✓	12/1/82
5	✓	✓	12/1/82
6	✓	✓	12/1/82
7	✓	✓	12/1/82
8	✓	✓	12/1/82
9	✓	✓	12/1/82
10	✓	✓	12/1/82
11	✓	✓	12/1/82
12	✓	✓	12/1/82
13	✓	✓	12/1/82
14	✓	✓	12/1/82
15	✓	✓	12/1/82
16	✓	✓	12/1/82
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25	✓	✓	12/1/82
26	✓	✓	12/1/82
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28	✓	✓	12/1/82
29	✓	✓	12/1/82
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43	✓	✓	12/1/82
44	✓	✓	12/1/82
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46	✓	✓	12/1/82
47	✓	✓	12/1/82
48	✓	✓	12/1/82
49	✓	✓	12/1/82
50	✓	✓	12/1/82

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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